APPLICATION FOR SPACE-HEATING DEVICE (For use of this form, see MEDDAC Reg 385-1, appendix O.)										
		SECTION A -								
A Name of the Pinch 100				y the applic		7 7 \		4 Detembre		
1. Name (Last, First, MI)	2. Grade	3. Activit	y name (D	epartment and ci	linic or division)		4. Duty phone			
5. Work location or room number 6. Name o			of supervis	supervisor (if military, include grade)				7. Supervisor's phone		
8. Applicant's signature					9. Date of application					
		SECTION B (To be com		IEW INFO						
10. Does the location of the employee meet NFPA   11. Does the workplace a				imbient temperature meet   12. Will the current ele				cal system suppo	ort the	
exemption?			nce?	□ Yes □ No required amperage for the device? □ Yes □					□ No	
13. Comments										
14. Safety Manager's signature				15. Date						
		SECTION C -				signee.)				
16. In my professional opinion, the applicant □ Requires the use of a space-heating device. (Complete item 17.) □ Does not require the use of a space-heating device. (Skip item 17.)										
17. This employee requires a space-heating dev	vice for th	ne following rea	ison:							
18. OH Physician's/designee's printed name or stamp    19. Signature					20. Duty	phone	21. Date			
		SECTION (To be com		CATION R						
22. Given the above information, a space-heating	ng device	for the applica	nt is □ A <sub>l</sub>	oproved	□ Disapproved					
23. Comments										
24. Signature of Safety Manager	2	25. Date		26. Date	coordinated w	vith supervisor	27. Date ed	quipment installe	d	